

08-17-05
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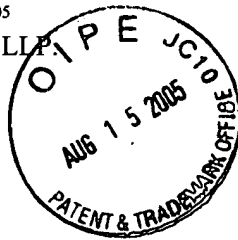
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24341 7590 05/16/2005

MORGAN, LEWIS & BOCKIUS, LLP
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Joy M. Marshall	(Depositor's name)
<i>Joy M. Marshall</i>	(Signature)
August 15, 2005	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/723,620	11/25/2003	Jih-Sheng Lai	060825-335-US	1093

TITLE OF INVENTION: MULTIFUNCTION HYBRID INTELLIGENT UNIVERSAL TRANSFORMER

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	08/16/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
BERHANE, ADOLF D	2838	363-071000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).
- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. **Use of a Customer Number is required.**

2. For printing on the patent front page, list
- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
- (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Morgan Lewis & Bockius, LLP
1
XXXXXXXXXXXXXXXXXXXX
2
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3

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Electric Power Research Institute

Palo Alto, CA

08/18/2005 MBELETE2 00000059 500310 10723620
01 FC:1501 1400.00 DA
02 FC:1504 300.00 DA
03 FC:8001 45.00 DA

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

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- ☒ Issue Fee
- ☒ Publication Fee (No small entity discount permitted)
- ☒ Advance Order - # of Copies 15

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- ☐ A check in the amount of the fee(s) is enclosed.
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- ☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 50-0310 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature *Kirk Gottlieb*

Date August 15, 2005

Typed or printed name Kirk Gottlieb

Registration No. 42,596

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